

**NC DIVISION MH/DD/SAS SUBSTANCE ABUSE (SAPTBG) FUNDS  
INDIVIDUAL  
2012 / 2013**

<b>LME/MCO:</b>	<b>Date:</b>	
<b>Contract Provider:</b>	<b>Admission Date:</b>	
<b>Control #:</b>	<b>Gender:</b>	
<b>Category:</b>	<b>Record #:</b>	
<b>Rating Codes: 0 = No    1 = Yes    9 = N/A</b>		<b>Rating</b>
1. There is evidence that this individual meets the requirements of the designated target population.		
2. There is evidence of a TB screening included in the service record.		
3. If there was evidence of TB symptoms, there is documentation of a referral for follow-up services.		
4. There is evidence that the American Society of Addictive Medicine Patient Placement Criteria (ASAM) was completed during the admissions process. .		
5. The record contains a signed release of information that is time limited (no more than 12 months) with clear reference to the specific information to be released. <i>(Refer to Reviewer Instructions regarding exceptions.)</i>		
6. There is specific language in the released documentation that prohibits re-disclosure.		
7. a. This individual is an identified IV drug user b. There is evidence of timely admission or referral to appropriate services. <i>If 7a = 1/Yes, then answer 7b If 7a = 0/No then rate 7b = 9 and Overall = 9. If 7a = 1/Yes and 7b = 1/Yes, overall rating = 1/MET. If 7a = 1/Yes and 7b = 0/No, overall rating = 0/NOT MET.</i>		a.
		b.
8. There is evidence that a NC TOPPS was completed within the required timeframes: a. Initial Assessment b. 3 month update c. 6 month update d. 12 month update e. Every 6 months thereafter		a.
		b.
		c.
		d.
		e.
9. There is evidence that the LME/MCO contracted with the provider for these services.		
10. There is evidence the LME/MCO notified/informed the provider of the block grant requirements for the services provided.		
<b>COMMENTS:</b>		
<b>REVIEWER:</b>		

**Substance Abuse Prevention and Treatment Block Grant  
(Individual Specific)  
2012/2013  
Monitoring Guidelines**

**IMPORTANT: DO NOT WRITE THE INDIVIDUAL'S NAME ON THE MONITORING FORM. THIS IS FOR CONFIDENTIALITY REASONS.**

**Categories:** IV Drug User, Adult, Child

**Question #1** The reviewer will review each service record to determine if there is evidence that the individual meets the designated target population. See attached checklist.

**Question #2** The reviewer will review each individual record to determine if a TB screening was completed at the time of admission and included in the record. A screening consists of a series of interview questions in which a individual's general health status and recent living situation(s) are surveyed, including recent TB skin test results and history of TB, and TB symptoms of individual (or his or her residential cohabitant) including fever, drenching night sweats, productive cough, coughing up blood, shortness of breath, lumps or swollen glands in the neck or arm pits, unexplained weight loss, or diarrhea lasting a week or more.

**Question #3** While reviewing TB screenings, if any symptoms were evident, the reviewer will review the record to determine if referral for appropriate services occurred.

**Question #4** The reviewer will review each individual record to determine that the American Society of Addiction Medicine -Patient Placement Criteria (ASAM) was utilized upon admission in leveling of admissions. ASAM criteria assess the individual's substance-related condition along six (6) criteria Dimensions:

- Dimension 1: Acute Intoxication and/or Withdrawal Potential
- Dimension 2: Bio-Medical Conditions and Complications
- Dimension 3: Emotional Behavioral Conditions and Complications
- Dimension 4: Treatment Acceptance / Resistance
- Dimension 5: Relapse / Continued Use Potential
- Dimension 6: Recovery Environment

Both the Adult and Adolescent Criteria Address five (5) Levels of service:

- Level 0.5 Early Intervention
- Level 1: Outpatient Services
- Level 2: Intensive Out-Patient / Partial Hospitalization Services
- Level 3: Residential / In-Patient Services
- Level 4: Medically / Managed Intensive In-Patient Services

**Question #5** The reviewer will review the signed confidentiality statement to assure that the following are included:

- Time limit of no more than one (1) year with reference to the specific information to be released.
- Specific language that prohibits redisclosure of information relating to substance abuse issues.
- Evidence of release of information outside the organizational structure that would not constitute a violation of the federal confidentiality law. (Team leader will assure that one record reflecting a release of information is monitored; if no information was released in any of the sample records, team leader will request another record that has documentation of the sharing of information.)
- **Note:** Communication (either written or verbal) with providers and/or family members should be supported by a signed consent to release information. If the record log does not indicate any release of information, review other documentation (i.e. Case Manager notes, collaboration with other disciplines, etc.) to discover release of information occurrences. Review of one incident is sufficient for MONITORING purposes
- **Exceptions:** APSM 45-1 Confidentiality Rules 10 NCAC 18D .o208 (b) (2) reads, *“Unless revoked sooner by the client or the client’s legally responsible person, a consent for release of information shall be valid for a period not to exceed one year except under the following conditions”:*
  - (1) A consent for release of information to the Division, Division of Motor Vehicles, the Court, and the Department of Corrections for information needed in order to reinstate a client’s driving privilege shall be considered valid until reinstatement of the client’s driving privilege.
  - (2) A consent to continue established financial benefits shall be considered valid until cessation of benefits

**Question #6** The reviewer will review information released to determine if the information included a statement that re-disclosure is prohibited and that information was not shared with an agency for which there was not a signed consent for the release of information

**Question #7a/b.** Reviewer will review record to determine if the individual is an IV drug user. *If 7a = 1/Yes, then answer 7b If 7a = 0/No then rate 7b = 9 and Overall = 9. If 7a = 1/Yes and 7b = 1/Yes, overall rating = 1/MET. If 7a = 1/Yes and 7b = 0/No, overall rating = 0/NOT MET.*

**Question #7b.** The reviewer will determine if, from date of assessment, either treatment was provided within two (2) weeks, or if treatment was not available within two (2) weeks, a referral to another service was made within forty-eight (48) hours.

Documentation relating to these questions should be found in the progress note(s), and in copies of referrals, applications or correspondence.

**Question #8** The reviewer will review each service record to determine if an NC TOPPS Initial Assessment was completed. An Initial Interview must be completed with the consumer in an in-person interview at the beginning of an episode of care. The Initial Interview should be completed during the first or second treatment visit as part of the development of the consumer’s treatment plan. Subsequent updates must be

completed within 15 days before or after the due date. The due dates are based upon the day the initial interview was started on the web-based system.

- A copy of the NC TOPPS Initial Assessment form should be found in the service record.
- The reviewer should determine when the initial assessment was started and calculate when the 3, 6, and 12 month updates were due (updates after 12 months are every 6 months).
  - ◆ 3 month update: 90 days following initial interview, plus or minus 2 weeks (76-104 days)
  - ◆ 6 month update: 180 days following initial interview, plus or minus 2 weeks (166-194 days)
  - ◆ 12 month update: 360 days following initial interview, plus or minus 2 weeks (346-374 days)
    - 6 month updates thereafter (18, 24, 30, etc. months)

**\*\* The intent of the review is to determine compliance with TOPPS requirements during the current Fiscal Year. If the individual receiving services was admitted on or after July 1, 2012, review initial and all subsequent assessments. If the individual started services prior to July 1, 2012, the reviewer will determine when updates were due during the current fiscal year and evaluate for compliance.**

Rate each element (a-e) 1/MET or 0/NOT MET. If an update is not due, rate the element (b-e) 9/NA. All elements (a-e) must be rated either 1 or 9 for the overall rating to be 1/MET. If any element is rated 0, the overall rating is 0/NOT MET.

**Question #9** The reviewer will review the contract between the LME/MCO and provider agency.

**Question #10** The reviewer will review evidence that the LME/MCO notified/informed the contract provider of the requirements of the SAPT Block Grant.